

MQAC CA MANAGEMENT TEAM ASSESSMENT

Wednesday CMT – Telephonic Assessment

Respondent: Mobley, Gilbert L.

Case Number: 2011-154816

Date: <u>3-30-11</u>	Staff Attorney: <u>McLaughlin</u>	Clerk:
Panel Chair: <u>Gothold</u>	Cullen, Anderson, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin Dore, <u>Gothold</u> , <u>Harvey</u> , Hensley, Hopkins, Page, Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	Jansen, <u>Dr. Hevea</u> , Smith, Kitten, Newman, Kramer, Bucci Farrell, <u>Berg</u> , Caille, <u>McLaughlin</u> , Landreau, Mager, <u>Creighton</u>	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input checked="" type="checkbox"/> BT6 - If allegations are true, do violation of law occurred		Further explanation (if any): _____

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes: _____

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. **SEXUAL MISCONDUCT CASES:** Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3-Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation: _____	

GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> • Respondent died. • Other circumstances (explain): _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> • Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. • Includes situations where the investigator was unable to obtain all material evidence. • Despite the evidence, the alleged misconduct does not constitute a UDA violation.
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised pjh0521-2010

MQAC REVIEW
Case Number: 2011-154816

Date: March 21, 2011
Presented by: **George Heye, MD**

Respondent:	MOBLEY, GILBERT L., MD	King County
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Complainant:	Anonymous
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CASE SUMMARY

The Respondent:

Board Certified:	EMERGENCY MEDICINE
DOB:	11-09-1954
Licensed since:	05-02-2007
Expiration date:	11-09-2011
Medical School:	1982—Med Coll of GA Sch of Med; Augusta, GA
Residency:	07/1982-06/1983—Truman Med Ctr-West; MO— GENERAL SURGERY 07/1983-06/1985—Truman Med Ctr-West; MO— EMERGENCY MEDICINE

The Complainant: Anonymous

Malpractice Settlement: N/A.

The Complaint: An anonymous person sends in an advertisement from the Seattle Weekly indicating that the respondent will do medical authorization exams for marijuana that will stand up in court for \$200. Anonymous wonders if this solicitation is legal, ethical and appropriate patient care.

RCM Review

Prior Cases:

None.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - MARCH 30, 2011

Richard Brantner, MD
William Gotthold, MD, Chair
Ellen Harder PA-C
Terri Elders, Public Member

DECISION: CLOSED PRIOR TO INVESTIGATION

Case No.: 2011-154816

The attached pages were reviewed:

35-38

MQAC REVIEW
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RCM Review

Prior Cases:

None.

Recommendation:



Washington State Department of

Health

Medical Quality Assurance Commission

Intake Coordinator

PO Box 47866

Olympia, WA 98504-7866

Phone: 360.236.2762 Fax: 360.586.4573

E-mail: medical.commission@doh.wa.gov

RECEIVED

MAR 14 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Complaint Form

Today's Date: 3/10/11

1. Your Information

Name: ANONYMOUS

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ - _____ Work: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: DR. GILBERT MOBLEY

#MD 00047782

Clinic or Facility: PHONE #(206) 330-2215

Address: _____

City: _____ State: _____ Zip: _____

3. Patient Information

Full name: _____

Date of Birth: _____

Date of incident: _____

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

You may submit a complaint to the Medical Commission by mail, fax or email at:

Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573


Please describe your complaint in the space below. Include names, titles and phone numbers of any witnesses. Please attach copies of documents to support your complaint. You may mail, email or fax this form to the Medical Quality Assurance Commission at the physical address, email address, or fax number above.

DR MOBLEY IS ADVERTISING IN THE
SEATTLE WEEKLY, THAT HE WILL DO
"1 HR" MEDICAL MARIJUANA CONSULTATIONS
FOR "\$200" TO HELP A PATIENT'S
"MEDICAL MARIJUANA AUTHORIZATION
STAND UP IN COURT." I QUESTION
IF THIS SOLICITATION IS LEGAL
ETHICAL, OR APPROPRIATE PATIENT
CARE?

Please include additional sheets as necessary.

SEATTLEWEEKLY
BACK PAGE
206-623-6231
 SWM GO SWP 55-70 to share life's journeys 253-939-6169

Want your Medical Marijuana Authorization to Stand Up in Court?
Then see a REAL Doctor!
206-330-2215
 Dr. Gil Mobley MD
 1 Hour Consultation \$200



Uncollected court awarded judgment?
Cash Now!!
1-877-273-0588
sjrcash.com

Arava's Massage Special
 Rejuvenating Swedish style deep tissue massage
 100% Pure Essential Oils & Call Arava today 206-728-8940

Ballard Psychic
 Love Specialist
 Call Jenna 206-280-5515

SUN-YA MASSAGE
 Kirkland (425) 894-8940

Lonsdale Quay Hotel
 800-836-6111 www.LonsdaleQuayHotel.com

Leavenworth International Accordion Celebration
 June 17th - 20th in Leavenworth, WA
 Fun for all: www.azawest.com

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 *****www.kauaiexclusive.com 1-877-GO-KAUAI*****
 *****Beachfront, sleep 4 starting at \$299 / night*****

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******SEATTLE DOPEST ATTORNEY******
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 Large 2bd/1.5bath. Lots of storage
 paint and blinds. Walk to light
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Thai & Swedish M
 Open 10am-9pm. Full-body Ma
Bellevue 425-985

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 Professional help for sex & p
 are about them. 206.829.2425

SUN MOON MASSAGE
KIRKLAND 425-502-01

BANKRUPTCY
DIVORCE from
 Debt relief agency for bankrupt

Bundle Up in H

Case View Screen [update]

Case	2011-154816 (PUBLIC)	Date Created	03/21/2011	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Status	Assessment	Date Received	03/14/2011	
Respondent ID	316432	How Received	Mail	
Respondent	GILBERT L MOBLEY	Receiving Board	COMMISSION	
Credential	MD.MD.00047782	Receiving Profession	Physician And Surgeon License	
	GILBERT L MOBLEY	Receiving Department	Case Intake	
		Received ByC	ynthia R Hamilton	
Complainant ID	854055	Alleged Issues		
Complainant	Anonymous Anonymous	Violation of Federal or State Statutes, Regulations or Rules		
		Case Nature		
		Violation of regulations or rules		

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Management	Found Issues
Worker: Cynthia R Hamilton	
Date Closed:	
	none
	Resolution
	none

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
No HIPDB Reports found for this credential.				

Action Items [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Present	Case Management, Hamilton, Cynthia R			03/21/2011			03/21/2011	Hamilton, Cynthia R
for Assessment								
Target: GILBERT L MOBLEY, MD.MD.00047782								
Case Status: Status Changed To: Assessment								
Intake	Case Intake, Hamilton, Cynthia R			03/21/2011	03/21/2011		03/21/2011	Hamilton, Cynthia R
Target: GILBERT L MOBLEY								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 03/21/2011								
Suppress License Print: NO								
Case Status: Status Changed To: Intake								
Action Info: Complaint Source Anonymous								
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								



AMA Physician Profile

Name and Mailing Address:

GILBERT LOUIS MOBLEY MD

1 - DOH Licensee Health Professional home ...

Primary Office Address:

STE D
3000 E DIVISION ST
SPRINGFIELD MO 65802-2492

Phone: UNKNOWN

Birthdate: 11/09/1954

Birthplace: WACO, TX UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: EMERGENCY MEDICINE

Secondary Specialty: UNSPECIFIED

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

Current and/or Historical Medical School:

MED COLL OF GA SCH OF MED, AUGUSTA GA 30912

Degree Awarded: Yes

Degree Year: 1982



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: TRUMAN MED CTR-WEST
Specialty : GENERAL SURGERY

State: MISSOURI
07/1982 - 06/1983
(VERIFIED)

Institution: TRUMAN MED CTR-WEST
Specialty : EMERGENCY MEDICINE

State: MISSOURI
07/1983 - 06/1985
(VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1983

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	05/02/2007	11/09/2011	ACTIVE	UNLIMITED	03/04/2011
MISSOURI	MD	09/20/1983	01/31/2012	ACTIVE	UNLIMITED	03/01/2011

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1619053287	10/27/2006	NOT RPTD	NOT RPTD	NOT RPTD	02/10/2011



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX694	22N 33N 4 5	01/31/2014	02/08/2011

Address: Sic D, 3000 E Division St, Springfield, MO 65802-2492

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF EMERGENCY MEDICINE

Certificate: EMERGENCY MEDICINE

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	11/15/2010	12/31/2020		RE-CERT	03/03/2011
TIME LIMITED	12/23/1999	12/31/2009		RE-CERT(**)	03/03/2011
TIME LIMITED	10/25/1989	12/31/1999		INITIAL(**)	03/03/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.



AMA Physician Profile

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

GILBERT L MOBLEY

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

GILBERT L MOBLEY

1 - DOH Licensee Health Professional home ...

ID 316432
 Warnings
 SSN/FEIN 2 - DOH Licens...
 Contact Standing Living
 Contact Type INDIVIDUAL
 Birth Date 11/09/1954
 Public File YES
 Mailing List
 Email: DRGILMOBLEY@GMAIL.COM
 Legacy Licensure Name MOBLEY, GILBERT L

Contact
 Audit
 Public Cases
 Cont. Edu
 Documents
 Owned By/Key Mgmt
 Exams
 Experience
 Notes
 Schools
 Supervises
 SupervisedBy
 Legacy
 Librarian
 Application
 Other State License

Comments:

Physician And Surgeon License [form letter]

Credential # MD.MD.00047782
 Legacy License # MD00047782
 Application Date
 Effective Date 02/12/2010
 Expiration Date 11/09/2011
 First Issuance Date 05/02/2007
 Last Date Of Contact 02/11/2010
 CE Due Date 11/09/2013

Credential Status ACTIVE (02/12/2010)
 Status Reason ACTIVE
 Amount Due \$0.00
 Date Last Activity 6/4/2010 1:16:51 PM
 Last Updated by Mihelich, Joe D
 Certificate Sent Date 02/12/2010

Audit
 Documents
 Workflow
 Key Mgmt
 Fees
 Notes
 Print Docs
 Comp. Audit
 Renewal
 Legacy

Comments:

Supervises User Defined License Data Legacy HIPDB

[update]

Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
Darrin J Taylor	PA.PA.60157483	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	EXPIRED IN RENEWAL

2011-154816

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 1, 2011

Gilbert L. Mobley, MD

1 - DOH Licensee Health Professional home a...

COPY

RE: Gilbert L. Mobley, MD
2011-154816MD; Credential No. MD00047782

Dear Dr. Mobley:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

You have the right to request any information contained in the file. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171.

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.0-95 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the information provided in response to any public disclosure request.

If you have any questions, please call me at (360)236-2770, or contact me by email at ilm.smith@doh.wa.gov.

Sincerely,

JAMES H. SMITH, Chief Investigator
Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866





Washington State Department of

Health

Medical Quality Assurance Commission

Intake Coordinator

PO Box 47866

Olympia, WA 98504-7866

Phone: 360.236.2762 Fax: 360.586.4573

E-mail: medical.commission@doh.wa.gov

RECEIVED

MAR 14 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION

Complaint Form

Today's Date: 3/10/11

1. Your Information

Name: ANONYMOUS

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) ____-____ Work: (____) ____-____

Cell Phone: (____) ____-____ E-mail: _____

2. Information about the Physician (MD) or Physician Assistant

Name of Physician (MD) or Physician Assistant: DR. GILBERT MOBLEY

#MD. 00047782

Clinic or Facility: PHONE #(206) 330-2215

Address: _____

City: _____ State: _____ Zip: _____

3. Patient Information

Full name: _____

Date of Birth: _____

Date of incident: _____

4. Scheduling problems or personality conflicts are usually not within the Commission's ability to take action.
5. Reports involving fee for fee disputes or insurance claims are only investigated if there appears to be fraud involved.
6. Please describe your complaint in the space below. Include the names, title and phone number of any witnesses that were involved in the complaint.
7. Please attach any supporting documentation or additional information you may have.

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Medical Quality Assurance Commission
Intake Coordinator
PO Box 47866
Olympia, WA 98504-7866
Fax: .360.586.4573

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DR MOBLEY IS ADVERTISING, IN THE
SEATTLE WEEKLY, THAT HE WILL DO
"1 HR" MEDICAL MARIJUANA CONSULTATIONS
FOR "\$200" TO HELP A PATIENT'S
"MEDICAL MARIJUANA AUTHORIZATION
STAND UP IN COURT." I QUESTION
IF THIS SOLICITATION IS LEGAL
ETHICAL, OR APPROPRIATE PATIENT
CARE?

Please include additional sheets as necessary.

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Redaction Summary (4 redactions)

2 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" (3 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

Redacted pages:

- Page 10, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 14, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 14, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 16, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance